

RECEIVED
CENTRAL FAX CENTER

FEB 01 2007

FAX TRANSMISSIONDATE: February 1 2007PTO IDENTIFIER: Application Number 10/718,614-Conf. #1603
Patent Number

Inventor: Stephen R. Glaser

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: PERKINS COIE LLP

Michael A. Oblon

PHONE: (202) 628-6600

Attorney Dkt. #: 615388001US1

PAGES (Including Cover Sheet): 7

CONTENTS: Transmittal (1 page)
Statement Under 37 CFR 3.73b (1 page)
Revocation of Power of Attorney and Appointment of New Agent (2 pages)
Certificate of Transmission (1 page)
Copy of the original assignment document (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (202) 628-6600 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

PERKINS COIE LLP
607 Fourteenth Street, N.W., Washington, DC 20005-2011
Telephone: (202) 628-6600 Facsimile: (202) 434-1690

FEB 01 2007

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0551-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

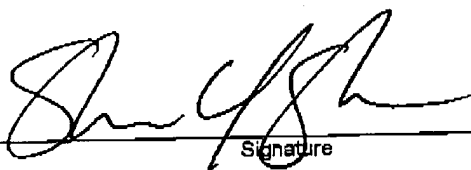
Application No. (if known): 10/718,614

Attorney Docket No.: 615388001US1

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 1, 2007
Date



Signature

Sharon T. Yarborough

Typed or printed name of person signing Certificate

Registration Number, if applicable

(202) 628-6600
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)

Statement Under 37 CFR 3.73b (1 page)

Revocation of Power of Attorney and Appointment of New Agent (2 pages)

Copy of the original assignment document (1 page)

FEB 01 2007

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

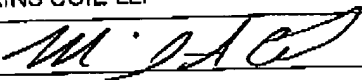
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/718,614-Conf. #1603
	Filing Date	November 24, 2003
	First Named Inventor	Stephen R. Glaser
	Art Unit	3762
	Examiner Name	G. C. Manuel
	Attorney Docket Number	615388001US1
Total Number of Pages in This Submission		7

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) Certificate of Transmission Copy of the original assignment document
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PERKINS COIE LLP		
Signature			
Printed name	Michael A. Eoblon		
Date	February 1, 2007	Reg. No.	42,956